



P.O. Box 223
837 S. Railroad Street
Myerstown, Pa. 17067
Voice (717) 866-7591
Fax (717) 866-6442

Credit Application

Date: _____

Name of firm _____

Mailing address _____ city, state, zip _____

Shipping address _____ city, state, zip _____

Type of business _____ phone# _____

Fax# _____ We have been in business for _____ years.

Payment of invoices will be made by:

Name of firm _____ city, state, zip _____

Name of person to contact regarding payment of invoices: _____

We expect our monthly requirements from you to be about \$ _____

___ Individual ___ Partnership ___ Corporation

Executives _____ Title _____

_____ Title _____

Our three credit references are:

Name street city state zip code phone# **fax#**

(1) _____

(2) _____

(3) _____

We believe that we are financially able to meet any commitments we make and will pay our invoices according to your terms of 1%, 15days, Net 30 days.

Signed _____

Title _____